

**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,  
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: *(check one)*

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Original     | <input checked="" type="checkbox"/> National Stage PCT |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Divisional                    |
| <input type="checkbox"/> Design       | <input type="checkbox"/> Continuation                  |
|                                       | <input type="checkbox"/> Continuation-in-Part (CIP)    |

**INVENTORSHIP IDENTIFICATION**

NOTE: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POWDERED COMPOSITIONS OF SENSITIVE ACTIVE MATERIALS IN AN AT LEAST PARTIALLY AMORPHOUS STATE

the specification of which: *(complete (a), (b) or (c)).*

- (a) ☐ is attached hereto.
- (b) ☒ was filed on September 1, 2006 as  
☒ Serial No. 10/591,369 or  
☐ Express Mail No. \_\_\_\_\_, as Serial No. not yet known  
and was amended on \_\_\_\_\_. *(if applicable)*
- (c) ☐ was described and claimed in PCT International Application No. PCT/  
filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_. *(if any)*

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above, and that the filing of said specification, if heretofore filed, was authorized by me.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

**CLAIM OF PRIORITY OF EARLIER FOREIGN APPLICATION(S) UNDER 35 U.S.C. §119(a)-(d)**

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

*(List prior foreign/PCT application(s) filed within 12 months (6 months for design) prior to this U.S. application.)*

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (a), enter the details below and make the priority claim.

COUNTRY (or PCT)	APPLICATION NO.	DATE OF FILING (Day/Month/Year)	PRIORITY CLAIMED UNDER 35 USC §119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. §119(e)**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

*(List prior U.S. provisional applications.)*

PROVISIONAL APPLICATION NO.	FILING DATE (Day/Month/Year)

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120**

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

(List prior U.S. applications or PCT international applications designating the U.S. for benefit under 35 U.S.C. §120.)

**U.S. APPLICATIONS**

**STATUS** (Check One)

U.S. SERIAL NO.	U.S. FILING DATE (Day/Month/Year)	Patented	Pending	Abandoned
0 /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 /		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PCT APPLICATIONS DESIGNATING THE U.S.**

**STATUS** (Check One)

PCT APPLN. NO.	PCT FILING DATE (Day/Month/Year)	U.S. SERIAL NOS ASSIGNED (If any)	Patented	Pending	Abandoned
PCT/ GB2005/000742	28/02/2005		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PCT/			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35 USC 119 PRIORITY CLAIM, IF ANY, FOR ABOVE LISTED U.S./PCT APPLICATIONS**

PRIORITY APPLICATION NO.	PRIORITY COUNTRY	FILING DATE (Day/Month/Year)	ISSUE DATE (Day/Month/Year)
0404586.0	GB	01/03/2004	

**POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) at Customer Number 23869 to prosecute this application and transact all business in the Patent and Trademark Office in connection therewith.

PLEASE SEND CORRESPONDENCE TO:

Daniel A. Scola, Jr.  
HOFFMANN & BARON, LLP  
6900 Jericho Turnpike  
Syosset, NY 11791

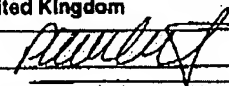
PLEASE DIRECT TELEPHONE CALLS TO:

Andrea M. Wilkovich  
(973) 331-1700

#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

#### SIGNATURE(S)

Full Name of Sole ~~Applicant~~ <sup>Back</sup> Inventor: Gerald Adams (deceased - completed on added page)  
Country of Citizenship: <sup>Back</sup> United Kingdom  
Residence Address: <sup>Back</sup> 17 Pauls Dene Crescent, Salisbury, Wiltshire, SP1 3QU, United Kingdom  
Post Office Address: <sup>5)</sup> Same as above  
Date: 23.7.07 Inventor's signature V. Adams  
Full Name of Second Joint Inventor: Peter Alan Lambert  
Country of Citizenship: United Kingdom  
Residence Address:  
Post Office Address: c/o Britannia Pharmaceuticals Limited, 41-51 Brighton Road, Redhill, Surrey, RH1 6YS, United Kingdom  
Date: 8th May 07 Inventor's signature 

NOTE: All above spaces identifying inventors must be completed or deleted before any inventor executes this application

ADDED PAGE TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR SIGNING BY ADMIN(STRATOR(TRIX), EXECUTOR(TRIX)  
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR  
INCAPACITATED INVENTOR (37 C.F.R. 1.42 AND 1.43)

I, VALERIE ADAMS  
(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

hereby declare that I am a citizen of UNITED KINGDOM  
residing at 17, PAULS DENE, CRESCENT, SALISBURY, WILTS., SP1 3QU  
and having a mailing address AS ABOVE

and that I am executing and signing the declaration to which this is attached as:

- ☐ the administrator(trix) of  
☒ executor(trix) of the last will and testament of  
☐ legal representative (or heirs) of

Gerald Adams  
Full name of (first, second, etc.) deceased or incapacitated inventor

United Kingdom  
Country of citizenship of deceased or incapacitated inventor

17 Pauls Dene Crescent, Salisbury, Wiltshire, SP1 3QU, United Kingdom  
Residence of deceased or incapacitated inventor

Same as above  
Post Office Address of deceased or incapacitated inventor

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: 23/7/07

V. Adams  
Signature of administrator(trix), executor(trix)  
legal representative (or all heirs)